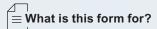


Criminal Justice Assistance Reimbursement Scheme

For more information visit www.justice.govt.nz/tribunals

Claim Form

Claim Number:	



Use this 'Claim Form' if you are:

- A witness or you assisted in the administration of justice. For example:
 - You reported a crime or gave information to the police in a criminal case that is punishable by imprisonment; and
 - you suffered material loss or damage to property and you are not in a Witness Protection Programme; or
 - you are in a close relationship with a witness and you experienced costs or suffered losses as a result of assisting or caring for the witness.

Important information

- 1. Please print in CAPITAL LETTERS.
- You may return this Claim Form and all relevant documents as email attachments or post to the Tribunals Unit at the address at the bottom of this form.
- 3. If you need more space to answer a question, write "see attached" and you may write your answer on a separate sheet of paper.
- 4. Make sure you attach all the supporting documents.
- 5. Please refer to 'A Guide to Filing a Claim' to help you with this application. The guide is available at www.justice.govt.nz/tribunals

Please fill in all sections below:

Part 1: Claimant					
What is your name?					
Surname(s)					
First name(s)					
Middle name(s)					
Where do you live?					
Flat/house number	Street name				
Suburb	City/town	Post code			
What is your mailing address	s? (If different from above)				
		Post code			
How can we contact you?					
Daytime contact phone numb	per ()	Mobile			
Email address		_			
If you give us your mobile number or email address we can use these to send you text messages or emails regarding your case.					

Part 2: Case details (the case that you were a witness in or gave assistance to)						
Name of the case						
Case file number (if known) Name or location of court						
If you are not a witness, what is your re	lationship with the witr	ness?				
Dant Or Frank datalla						
Part 3: Event details (when and	d where the loss or di	amage occurred)				
When did the loss / damage happen?		(day / month / year)				
Where did it happen?		(44),				
How did it happen?						
Who was/were responsible for the even	nt / loss?					
What action did you take to recover you	ur property or reduce y	our loss?				
Who did you notify about the event / los	ss? (You may tick more	e than one)				
The Police at		Station (Ple	ease attach Police Ac	knowledgment Form)		
Insurance company (name):_						
Other (Please specify eg, Vict						
Other (Flease specify eg, vici	iii Support)		(Fleas	e attach letter of support)		
Part 4: Details of loss/damage	ge experienced					
	•					
Loss of property (Please attach receipt or			Original aget	Cost of replacement		
Description of property (include make and model if applicable)	Where purchased	When purchased	Original cost	Cost of replacement		
Damage to property (Please attach recei	ot or other proof of owners	ship)				
Description of property	pt or other proof of owners Where purchased	ship) When purchased	Original cost	Cost of repair or		
	1		Original cost	Cost of repair or replacement		
Description of property	1		Original cost			
Description of property	1		Original cost			
Description of property	1		Original cost			
Description of property	Where purchased	When purchased	Original cost			
Description of property (include make and model if applicable)	Where purchased oss of earnings confirmed	When purchased	Original cost			
Description of property (include make and model if applicable) Loss of Earnings (Please attach proof of I	Where purchased oss of earnings confirmed	When purchased d by your employer)				
Description of property (include make and model if applicable) Loss of Earnings (Please attach proof of I [a] Average weekly wage/salary (after the	Where purchased oss of earnings confirmed	When purchased d by your employer)	\$			
Description of property (include make and model if applicable) Loss of Earnings (Please attach proof of I [a] Average weekly wage/salary (after to I) [b] Daily wage/salary ([a] ÷ number of I)	Where purchased oss of earnings confirmed	When purchased d by your employer)	\$			

Other costs (eg, accommodation or transport costs incurred – please attac	h proof)					
	. ,		\$			
			\$			
			\$			
			<u> </u>			
Part 5: Other compensation						
				f (
Insurance policies or other forms of compensation you are entitled to relation to the above losses or damage to property or the loss of early		eceived	i payment	from (including ACC payments) in		
in the transfer of the control of th	90.					
			\$			
			\$			
			\$			
Claimant's signature	Date	/	1	(day / month / year)		
_						
David Co Ob a ability						
Part 6: Checklist						
Before you submit this form please check that:						
You have answered every question						
You have signed and dated this form						
You have attached the following documents:						
Police Acknowledgment Form or other letter of support						
Receipts, guarantees or other documents supporting ownersh	ip or value	of prop	perty lost o	or damaged		
Proof of loss of earnings confirmed by your employer						
Proof of any other related loss (eg, accommodation or transport costs)						

Scheme Contact Details



Tribunals Unit Criminal Justice Assistance Reimbursement Scheme

DX SX 11159

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www.justice.govt.nz/tribunals

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Email: tribunals@justice.govt.nz